## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000016551 (1)

DOCUMENT # P9400016351 (1)  1. Corporation Name PAUL'S TIRE SALES & SERVICES, INC.									(44)
PAUL'S	TIRE SALES & SERVICES	, ING.							
Principal Place of Business Mailing Address			s						
3000 NW 163R	RD STREET	3000 NW 163RD STRI MIAMI FL 33054	EET						
MIAMI FL 3305	<b>74</b>				ļ	3. Date Incorporated or Qualified	<b>3</b> a. D	ate of Last Rec 05/01/19	oort <b>95</b>
						02/28/1994	_l		polied For
. Principal Place	of Business	2a. Mailing Address				4. FEI Number 65-0468533			ot Applicable
		26						\$8.75 Additional	
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee Required	
		City & State	City & State					May Be	
City & State		28				Trust Fund Contribution			to Fees
3	Country	Zip	Cour	ntry		8. This corporation has liability for	intangibl 	le tax under s	199.032,
Zip 	25	29	30			Florida Statutes Yes  10. Name and Address of New I	: □No	ed Agent	
	9. Name and Address of Current	t Registered Agent		01 1		10. Name and Address of New I	,08.00C		<del>-</del>
				81 Nan					
BROOKS, PAUL				82 Stre	et Addre	Address (P.O. Box Number is Not Acceptable)			
	N 163RD STREET								
MIAMI F	L 33054								o Gode
				84 City		ation submits this statement for the p d of directors. I hereby accept the ap		FL	
SIGNATURE S	ignature. Noted or printed name of registerest agent OFFICERS AN	D DIRECTORS	13.		re respire.	ADDITIONS/CHANGES TO OF	FICERS		DRS IN 12 Addition
TITLE	D	DELETE		1 1 TITLE 1 2 NAME					
NAME	BROOKS, PAUL 3000 NW 163RD STREET			NAME STREET ADDRI	·cc				
STREET ADDRESS	MIAMI FL 33054			OFY-ST-7IF	5.7				
CiTY-ST-ZiP	MINMI P.C 33034	- DELETE		Tillef				☐ Change	☐ Addition
TITLE	BROOKS, ARLENE	<b></b>	22	NAME					
NAME	3000 NW 163RD STREET		23	STREET ADDR	ESS				
STREET ADDRESS	MIAMI FL 33054		24	CITY - ST - ZIP				Change	Addition
CITY-ST-ZIP TITLE		DELETE	3 1	THLE				L_ Onange	ш
NAME				NAME					
STREET ADDRESS				STREET ADD	Į.				
CITY - ST - ZIP		P. DELEY		CHY-ST-ZIF	—- <del> </del>			Change	Addition
TITLE		DELETE	1	TITLE					
NAME				: NAME   STREET ADD	34SS				
STREET ADDRESS				LOTY SI-ZII	,				
CITY-ST ZIP		☐ DELETE		1 THE				☐ Change	e 🔲 Addition
TITLE				2 NAME					
NAME				STREET ADD	RESS				
STREET ADDRESS				4 CIFY - ST - ZI				Cnang	e Additio
CHTY-ST-ZIP TITLE		☐ DELETE	6	1 TillE					· LJ AGGIRG
NAME			ĥ	2 NAME					
STREET ADDRESS			6	3 STREET ADD	iress				
CITY ST. 7IP			6	4 CI1Y - ST-Z	<u> </u>	to the exemption stated in Section	119.07(3	Wk), Florida Sta	tutes. I further

14. I do nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

| SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/24/96 305-623-3610

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